



**Paycheck Protection Program  
Borrower Application Form**

OMB Control No.: 3245-0407  
Expiration Date: 09/30/2020

<b>Check One:</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename if Applicable</b>	
<b>Business Legal Name</b>			
SS1 LLC			
<b>Business Address</b>		<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
4700 36th Ave SW		7509	2069384291
		<b>Primary Contact</b>	<b>Email Address</b>
		Eric Shibley	ers98126@gmail.com

Average Monthly Payroll:	\$ 328000	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ 820000	Number of Employees:	41
--------------------------	-----------	--	-----------	----------------------	----

Purpose of the loan (select more than one):	<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Lease / Mortgage Interest <input checked="" type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other (explain): <u>employee benefits</u>				
--	---	--	--	--	--

**Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	7509	4700 36th Ave SW Seattle WA

*If questions (1) or (2) below are answered "Yes," the loan will not be approved.*

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If questions (5) or (6) are answered "Yes," the loan will not be approved.*

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ers</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ers</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**U.S. v. Shibley  
CR20-174 JCC  
Government Exhibit No. 20  
Admitted \_\_\_\_\_**



**Paycheck Protection Program  
Borrower Application Form**

**By Signing Below, You Make the Following Representations, Authorizations, and Certifications**

**CERTIFICATIONS AND AUTHORIZATIONS**

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

**CERTIFICATIONS**

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- ers The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- ers Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- ers The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- ers The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- ers I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- ers During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- ers I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- ers I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

**Eric Ryan Shibley** Digitally signed by Eric Ryan Shibley  
Date: 2020.04.15 19:08:46 -07'00'

Signature of Authorized Representative of Applicant

**Eric R Shibley**

Print Name

**04/20/2020**

Date

**04/20/2020**

Title

**Paycheck Protection Program  
Borrower Application Form****Purpose of this form:**

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

**Instructions for completing this form:**

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. *See*, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



## Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**Freedom of Information Act (5 U.S.C. 552)** – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights (13 C.F.R. 112, 113, 117)** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700)** – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.



# 941 for 2020: Employer's QUARTERLY Federal Tax Return

Form (Rev. January 2020) Department of the Treasury — Internal Revenue Service

950117  
OMB No. 1545-0029

Employer identification number (EIN) 7 5 0 9

Name (not your trade name) SSI LLC

Trade name (if any)

Address 4700 36th Ave SW  
Number Street Suite or room number

Seattle WA 98126  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

## Report for this Quarter of 2020 (Check one.)

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

### Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<span style="border: 1px solid black; padding: 2px;">41</span>
2	Wages, tips, and other compensation	2	<span style="border: 1px solid black; padding: 2px;">656,000.00</span>
3	Federal income tax withheld from wages, tips, and other compensation	3	<span style="border: 1px solid black; padding: 2px;">0.00</span>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages <span style="border: 1px solid black; padding: 2px;">656000.00</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">81344.00</span>
5b	Taxable social security tips <span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">.</span>
5c	Taxable Medicare wages & tips <span style="border: 1px solid black; padding: 2px;">656000.00</span>	$\times 0.029 =$	<span style="border: 1px solid black; padding: 2px;">1885.00</span>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding <span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.009 =$	<span style="border: 1px solid black; padding: 2px;">.</span>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<span style="border: 1px solid black; padding: 2px;">83229.00</span>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<span style="border: 1px solid black; padding: 2px;">.</span>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<span style="border: 1px solid black; padding: 2px;">83229.00</span>
7	Current quarter's adjustment for fractions of cents	7	<span style="border: 1px solid black; padding: 2px;">.</span>
8	Current quarter's adjustment for sick pay	8	<span style="border: 1px solid black; padding: 2px;">.</span>
9	Current quarter's adjustments for tips and group-term life insurance	9	<span style="border: 1px solid black; padding: 2px;">.</span>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<span style="border: 1px solid black; padding: 2px;">83229.00</span>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<span style="border: 1px solid black; padding: 2px;">.</span>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<span style="border: 1px solid black; padding: 2px;">.</span>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	<span style="border: 1px solid black; padding: 2px;">.</span>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<span style="border: 1px solid black; padding: 2px;">83229.00</span>
15	Overpayment. If line 13 is more than line 12, enter the difference <span style="border: 1px solid black; padding: 2px;">.</span>	Check one: <input type="checkbox"/> Apply to next return <input type="checkbox"/> Send a refund.	

► You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 1-2020)

Next

DOJ-01-0000001764

950217

Name (not your trade name)

Employer identification number (EIN)

SSI LLC

7509

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

**16 Check one:** ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 41614 . 50

Month 2 41614 . 50

Month 3 .

Total liability for quarter 83229 . 00

Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

**17** If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages

**18** If you are a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☐ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/29/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

# 941 for 2019: Employer's QUARTERLY Federal Tax Return

Form  
(Rev. January 2019)

Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN)		7		5		0		9	
Name (not your trade name) SSI LLC									
Trade name (if any)									
Address 4700 36th Ave SW									
Number				Street				Suite or room number	
Seattle				WA		98126			
City				State		ZIP code			
Foreign country name				Foreign province/county				Foreign postal code	

## Report for this Quarter of 2019 (Check one.)

- ☐ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☒ 4: October, November, December
- Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

### Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	41																				
2	Wages, tips, and other compensation	2	538000 . 00																				
3	Federal income tax withheld from wages, tips, and other compensation	3	0 . 00																				
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.																					
<table border="1"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a</td> <td>Taxable social security wages</td> <td>538000 .</td> <td>× 0.124 = 66712 . 00</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td>.</td> <td>× 0.124 = .</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages &amp; tips</td> <td>538000 .</td> <td>× 0.029 = 15602 . 00</td> </tr> <tr> <td>5d</td> <td>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</td> <td>.</td> <td>× 0.009 = .</td> </tr> </tbody> </table>					Column 1		Column 2	5a	Taxable social security wages	538000 .	× 0.124 = 66712 . 00	5b	Taxable social security tips	.	× 0.124 = .	5c	Taxable Medicare wages & tips	538000 .	× 0.029 = 15602 . 00	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× 0.009 = .
	Column 1		Column 2																				
5a	Taxable social security wages	538000 .	× 0.124 = 66712 . 00																				
5b	Taxable social security tips	.	× 0.124 = .																				
5c	Taxable Medicare wages & tips	538000 .	× 0.029 = 15602 . 00																				
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× 0.009 = .																				
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	82314 . 00																				
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.																				
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	82314 . 00																				
7	Current quarter's adjustment for fractions of cents	7	.																				
8	Current quarter's adjustment for sick pay	8	.																				
9	Current quarter's adjustments for tips and group-term life insurance	9	.																				
10	Total taxes after adjustments. Combine lines 6 through 9	10	82314 . 00																				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	.																				
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	82314 . 00																				
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	.																				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	82314 . 00																				
15	Overpayment. If line 13 is more than line 12, enter the difference	15	.																				

Check one: ☐ Apply to next return. ☐ Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

Next

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170012

Form 941 (Rev. 1-2019)



950217

Name (not your trade name)

Employer identification number (EIN)

SSI LLC

7509

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 27438 . 00

Month 2 27438 . 00

Month 3 27438 . 00

Total liability for quarter 82314 . 20

Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and

enter the final date you paid wages / /

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

- ☐ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

9/22/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

**DO NOT STAPLE**

<b>33333</b>		a Control number		For Official Use Only OMB No. 1545-0002	
b Kind of payer (Check one)		<input checked="" type="checkbox"/> 541 <input type="checkbox"/> military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> CT-1 <input type="checkbox"/> Retd. emp. <input type="checkbox"/> Medicare govt. emp.		None apply 501c non-govt. <input checked="" type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt.	
		Third-party sick pay (Check if applicable) <input type="checkbox"/>			
c Total number of Forms W-2 <b>41</b>		d Establishment number		1 Wages, tips, other compensation <b>538000</b>	
e Employer identification number (EIN) <b>509</b>		3 Social security wages <b>538000</b>		2 Federal income tax withheld <b>0</b>	
f Employer's name <b>SSI LLC</b>		5 Medicare wages and tips <b>538000</b>		4 Social security tax withheld <b>65712</b>	
g Employer's address and ZIP code <b>4700 16th Ave SW Seattle WA 98126-2716</b>		6 Medicare tax withheld <b>15602</b>		7 Social security tips	
		8 Allocated tips		9	
		10 Dependent care benefits		11 Nonqualified plans	
		12a Deferred compensation		12b	
h Other EIN used this year		13 For third-party sick pay use only		14 Income tax withheld by payer of third-party sick pay	
i State Employer's state ID number <b>WA 0-433</b>		15 State wages, tips, etc.		16 Local wages, tips, etc.	
16 State income tax		17 State income tax		18 Local income tax	
Employer's contact person <b>Eric R Shibley</b>		Employer's telephone number <b>206-938-4291</b>		For Official Use Only	
Employer's fax number <b>206-260-1412</b>		Employer's email address <b>shibleenyc@yahoo.com</b>			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature:

Title: **Manager**

Date: **04/22/2020**

## Form W-3 Transmittal of Wage and Tax Statements

**2019**

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted

by January 31, 2020. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

DOJ-01-0000001799



21. ENTIRE AGREEMENT  
This Agreement sets forth the entire agreement between the parties with respect to the matters set forth herein, notwithstanding the contents of any prior agreement, assumption, advertisement, warranty or representation by any person or entity. It shall not be altered or modified unless such alteration or modification is in writing and signed by all signatories hereto. No verbal agreement, advertisement, warranty or representation have been made or relied upon by either party or any agent or employee of either party, and neither party nor any agent or employee of either party is entitled to alter any provision of this lease by any verbal representations or agreements to be made subsequent to the execution of this lease. The foregoing notwithstanding, should Tenant hold over after the expiration of the Lease term on a month to month holdover basis, Lessor may change any provision of this lease without the consent of Tenant in the manner prescribed by Washington State law.

Tenants please below confirm receipt of cashed deposit and money order

SS1 LLC  
4700 36th Ave SW  
Seattle WA 98128

101  
19-8140/3250

Date \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$  

Dollars

 Your Financial Cooperative

MEMO \_\_\_\_\_ SIGNED \_\_\_\_\_

⑆325081403⑆ 3615409724⑈ 0101



WA  
USA **WASHINGTON**

**DRIVER LICENSE**  
**FEDERAL LIMITS APPLY**

4d LIC#

9 CLASS

1 SHIBLEY

2 ERIC RYAN

3 DOB /1978

4a ISS 12/06/2019

8 4700 36TH AVE SW  
SEATTLE WA 98126-2716

15 SEX M

18 EYES BRO

16 HGT 6'-00"

17 WGT 190 lb

12 RESTRICTIONS

9a END NONE

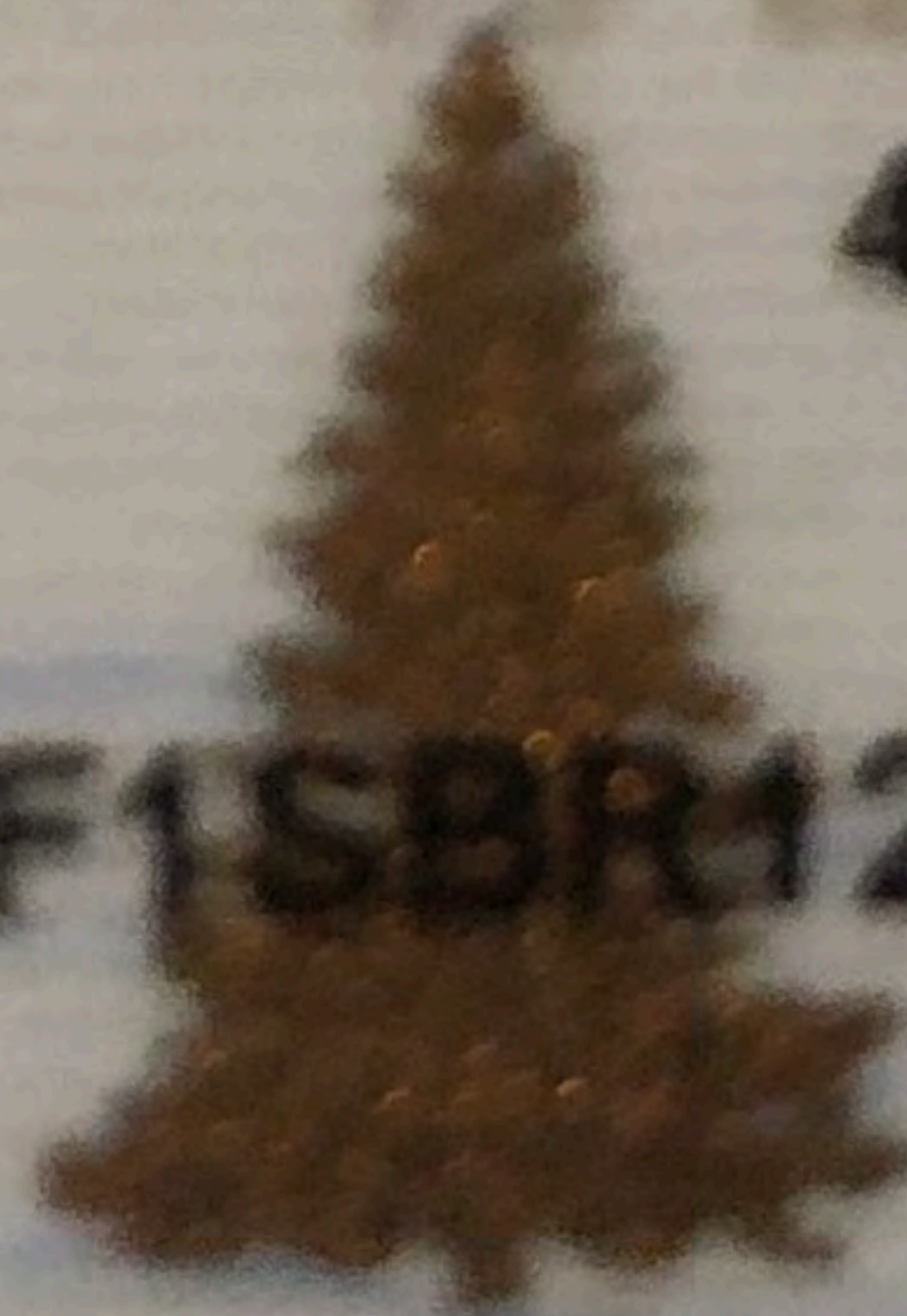
B

4b EXP 12/10/2025

5 DD WDL67B54F1SBR1206193H1225

REV 11/12/2019

20 R1206193H1225







**Paycheck Protection Program  
Borrower Application Form**

OMB Control No.: 3245-0407  
Expiration Date: 09/30/2020

<b>Check One:</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename if Applicable</b>	
<b>Business Legal Name</b>			
SFC LLC			
<b>Business Address</b>		<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
4700 36th Ave SW Seattle WA 98126		3580	(206) 938-4291
		<b>Primary Contact</b>	<b>Email Address</b>
		Eric Shibley	shibley98271@gmail.com

Average Monthly Payroll:	\$ 37,600	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ 94,000	Number of Employees:	6
--------------------------	-----------	--	-----------	----------------------	---

Purpose of the loan (select more than one):	<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Lease / Mortgage Interest <input checked="" type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): _____
--	---

**Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	5264	4700 36th Ave SW Seattle WA 98126

*If questions (1) or (2) below are answered "Yes," the loan will not be approved.*

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If questions (5) or (6) are answered "Yes," the loan will not be approved.*

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? <u>Initial here to confirm your response to question 5 →</u> ers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? <u>Initial here to confirm your response to question 6 →</u> ers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Paycheck Protection Program Borrower Application Form

**By Signing Below, You Make the Following Representations, Authorizations, and Certifications**

**CERTIFICATIONS AND AUTHORIZATIONS**

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

**CERTIFICATIONS**

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- red  
\_\_\_\_\_ The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- ers  
\_\_\_\_\_ Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- ers  
\_\_\_\_\_ The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- ers  
\_\_\_\_\_ The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- ers  
\_\_\_\_\_ I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- ers  
\_\_\_\_\_ During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- ers  
\_\_\_\_\_ I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- ers  
\_\_\_\_\_ I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Signature of Authorized Representative of Applicant  
Eric R Shibley

Print Name

04/25/2020

Date  
Manager

Title



## Paycheck Protection Program Borrower Application Form

### **Purpose of this form:**

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial





## Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**Freedom of Information Act (5 U.S.C. 552)** – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights (13 C.F.R. 112, 113, 117)** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700)** – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

**Form 941 for 2020: Employer's QUARTERLY Federal Tax Return**  
 (Rev. January 2020) Department of the Treasury — Internal Revenue Service

950117  
OMB No. 1545-0029

Employer identification number (EIN) [REDACTED] 3 5 8 0

Name (not your trade name) SFC LLC

Trade name (if any)

Address 4700 36th Ave SW  
Number Street Suite or room number

Seattle WA 98126  
City State ZIP code

Foreign country name Foreign province/country Foreign postal code

**Report for this Quarter of 2020**  
(Check one.)

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December
- Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<span style="border: 1px solid black; padding: 2px;">6</span>																				
2	Wages, tips, and other compensation	2	<span style="border: 1px solid black; padding: 2px;">75200 . 00</span>																				
3	Federal income tax withheld from wages, tips, and other compensation	3	<span style="border: 1px solid black; padding: 2px;">0 . 00</span>																				
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.																					
<table border="0" style="width: 100%;"> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Column 1</th> <th style="width: 20%; text-align: center;">Column 2</th> <th style="width: 20%;"></th> </tr> <tr> <td>5a Taxable social security wages</td> <td><span style="border: 1px solid black; padding: 2px;">75200 . 00</span></td> <td><math>\times 0.124 =</math></td> <td><span style="border: 1px solid black; padding: 2px;">9324 . 80</span></td> </tr> <tr> <td>5b Taxable social security tips</td> <td><span style="border: 1px solid black; padding: 2px;">.</span></td> <td><math>\times 0.124 =</math></td> <td><span style="border: 1px solid black; padding: 2px;">.</span></td> </tr> <tr> <td>5c Taxable Medicare wages &amp; tips</td> <td><span style="border: 1px solid black; padding: 2px;">75200 . 00</span></td> <td><math>\times 0.029 =</math></td> <td><span style="border: 1px solid black; padding: 2px;">2180 . 80</span></td> </tr> <tr> <td>5d Taxable wages &amp; tips subject to Additional Medicare Tax withholding</td> <td><span style="border: 1px solid black; padding: 2px;">.</span></td> <td><math>\times 0.009 =</math></td> <td><span style="border: 1px solid black; padding: 2px;">.</span></td> </tr> </table>					Column 1	Column 2		5a Taxable social security wages	<span style="border: 1px solid black; padding: 2px;">75200 . 00</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">9324 . 80</span>	5b Taxable social security tips	<span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">.</span>	5c Taxable Medicare wages & tips	<span style="border: 1px solid black; padding: 2px;">75200 . 00</span>	$\times 0.029 =$	<span style="border: 1px solid black; padding: 2px;">2180 . 80</span>	5d Taxable wages & tips subject to Additional Medicare Tax withholding	<span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.009 =$	<span style="border: 1px solid black; padding: 2px;">.</span>
	Column 1	Column 2																					
5a Taxable social security wages	<span style="border: 1px solid black; padding: 2px;">75200 . 00</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">9324 . 80</span>																				
5b Taxable social security tips	<span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">.</span>																				
5c Taxable Medicare wages & tips	<span style="border: 1px solid black; padding: 2px;">75200 . 00</span>	$\times 0.029 =$	<span style="border: 1px solid black; padding: 2px;">2180 . 80</span>																				
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.009 =$	<span style="border: 1px solid black; padding: 2px;">.</span>																				
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>																				
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<span style="border: 1px solid black; padding: 2px;">.</span>																				
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>																				
7	Current quarter's adjustment for fractions of cents	7	<span style="border: 1px solid black; padding: 2px;">.</span>																				
8	Current quarter's adjustment for sick pay	8	<span style="border: 1px solid black; padding: 2px;">.</span>																				
9	Current quarter's adjustments for tips and group-term life insurance	9	<span style="border: 1px solid black; padding: 2px;">.</span>																				
10	Total taxes after adjustments. Combine lines 6 through 9	10	<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>																				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<span style="border: 1px solid black; padding: 2px;">.</span>																				
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>																				
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	<span style="border: 1px solid black; padding: 2px;">.</span>																				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>																				
15	Overpayment. If line 13 is more than line 12, enter the difference	15	<span style="border: 1px solid black; padding: 2px;">.</span>																				

► You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170012

Form 941 (Rev. 1-2020)

Next ►

DOJ-01-0000001762

950217

Name (not your trade name) SFS LLC	Employer identification number (EIN) [REDACTED] 580
---------------------------------------	--

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages  .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

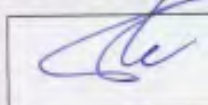
☐ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/22/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code



**DO NOT STAPLE**

<b>33333</b>		a Control number		For Official Use Only OMB No. 1545-0048	
b Kind of Payer (Check one)		c Kind of Employer (Check one)		d Third-party sick pay (Check if applicable)	
<input checked="" type="checkbox"/> 941 CT-1 <input type="checkbox"/> 942 Military <input type="checkbox"/> 943 Holid. emp. <input type="checkbox"/> 944 Medicare govt. emp.		<input checked="" type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt.		<input type="checkbox"/>	
e Total number of Forms W-2 <b>6</b>		f Establishment number		g Wages, tips, other compensation <b>451200</b>	
h Employer identification number (EIN) <b>3580</b>		i Social security wages <b>451200</b>		j Federal income tax withheld <b>0</b>	
k Employer's name <b>SFC LLC</b>		l Medicare wages and tips <b>451200</b>		m Social security tax withheld <b>55948.8</b>	
n Employer's address and ZIP code <b>4700 36th Ave SW Seattle WA 98126-2716</b>		o Medicare tax withheld <b>13064.8</b>		p Allocated tips	
q Other EIN used this year		r Social security tips <b>0</b>		s Dependent care benefits	
t State Employer's state ID number <b>WA 3433</b>		u Nonqualified plans		v Deferred compensation	
w State wages, tips, etc. <b>0</b>		x State income tax <b>0</b>		y For third-party sick pay use only <b>0</b>	
z Income tax withheld by payer of third-party sick pay		aa Local wages, tips, etc. <b>0</b>		ab Local income tax <b>0</b>	
ac Employer's contact person <b>Eric R Shibley</b>		ad Employer's telephone number <b>206-938-4291</b>		ae For Official Use Only	
af Employer's tax number <b>206-260-1412</b>		ag Employer's email address <b>shibley98271@gmail.com</b>		ah	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature **Eric R Shibley**

Title **Manager**

Date **04/24/2020**

## Form **W-3 Transmittal of Wage and Tax Statements**

**2019**

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

**Separate instructions.** See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2020**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

### When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2020**.

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Direct Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10158Y

DOJ-01-0000001882



WA  
USA **WASHINGTON**

**DRIVER LICENSE**  
**FEDERAL LIMITS APPLY**

4d LIC#

9 CLASS

1 SHIBLEY

2 ERIC RYAN

3 DOB /1978

4a ISS 12/06/2019

8 4700 36TH AVE SW  
SEATTLE WA 98126-2716

15 SEX M

18 EYES BRO

16 HGT 6'-00"

17 WGT 190 lb

12 RESTRICTIONS

9a END NONE

B

4b EXP 12/10/2025

5 DD WDL67B54F1SBR1206193H1225

REV 11/12/2019

20 R1206193H1225







**Paycheck Protection Program  
Borrower Application Form**

OMB Control No.: 3245-0407  
Expiration Date: 09/30/2020

<b>Check One:</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename if Applicable</b>	
<b>Business Legal Name</b>			
ES1 LLC			
<b>Business Address</b>		<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
4700 36th Ave SW		5849	2069384291
		<b>Primary Contact</b>	<b>Email Address</b>
		Eric SHibley	ers98126@gmail.com

Average Monthly Payroll:	\$ <b>40000</b>	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ <b>100000</b>	Number of Employees:	5
Purpose of the loan (select more than one): <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Lease / Mortgage Interest <input checked="" type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other (explain): <u>employee benefits</u>					

**Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	526	4700 36th Ave SW Seattle WA

*If questions (1) or (2) below are answered "Yes," the loan will not be approved.*

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If questions (5) or (6) are answered "Yes," the loan will not be approved.*

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ers</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ers</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**Paycheck Protection Program  
Borrower Application Form**

**By Signing Below, You Make the Following Representations, Authorizations, and Certifications**

**CERTIFICATIONS AND AUTHORIZATIONS**

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

**CERTIFICATIONS**

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- ers**      The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- ers**      Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- ers**      The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- ers**      The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- ers**      I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- ers**      During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- ers**      I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- ers**      I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

**Eric Ryan Shibley**      Digitally signed by Eric Ryan Shibley  
Date: 2020.04.15 19:08:46 -07'00'

Signature of Authorized Representative of Applicant

**Eric R Shibley**

Print Name

**04/15/2020**

Date

**04/15/2020**

Title



## Paycheck Protection Program Borrower Application Form

### **Purpose of this form:**

This form is to be completed by the authorized representative of the Applicant and ***submitted to your SBA Participating Lender***. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. *See*, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



**Paycheck Protection Program  
Borrower Application Form**

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**Freedom of Information Act (5 U.S.C. 552)** – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights (13 C.F.R. 112, 113, 117)** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700)** – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.



# **941 for 2020: Employer's QUARTERLY Federal Tax Return**

Form  
(Rev. January 2020)

Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0028

Employer identification number (EIN)	[REDACTED] - [REDACTED]		5	8	4	9
Name (not your trade name)	ESI LLC					
Trade name (if any)						
Address	4700 36th Ave SW					
	Number	Street	Suite or room number			
	Seattle		WA	98126		
	City		State	ZIP code		
	Foreign country name		Foreign province/county		Foreign postal code	

## **Report for this Quarter of 2020** (Check one.)

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December

 Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	5																				
2	Wages, tips, and other compensation	2	76600 . 00																				
3	Federal income tax withheld from wages, tips, and other compensation	3	0 .																				
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.																					
<table border="0"> <tr> <td></td> <td>Column 1</td> <td></td> <td>Column 2</td> </tr> <tr> <td>5a</td> <td>Taxable social security wages</td> <td>76600 .</td> <td>× 0.124 = 9498 . 40</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td>.</td> <td>× 0.124 = .</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages &amp; tips</td> <td>76600 .</td> <td>× 0.029 = 2221 . 40</td> </tr> <tr> <td>5d</td> <td>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</td> <td>.</td> <td>× 0.009 = .</td> </tr> </table>					Column 1		Column 2	5a	Taxable social security wages	76600 .	× 0.124 = 9498 . 40	5b	Taxable social security tips	.	× 0.124 = .	5c	Taxable Medicare wages & tips	76600 .	× 0.029 = 2221 . 40	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× 0.009 = .
	Column 1		Column 2																				
5a	Taxable social security wages	76600 .	× 0.124 = 9498 . 40																				
5b	Taxable social security tips	.	× 0.124 = .																				
5c	Taxable Medicare wages & tips	76600 .	× 0.029 = 2221 . 40																				
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× 0.009 = .																				
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	11719 . 80																				
5f	Section 3121(g) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.																				
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	11719 . 80																				
7	Current quarter's adjustment for fractions of cents	7	.																				
8	Current quarter's adjustment for sick pay	8	.																				
9	Current quarter's adjustments for tips and group-term life insurance	9	.																				
10	Total taxes after adjustments. Combine lines 6 through 9	10	11719 . 80																				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	.																				
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	11719 . 80																				
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	.																				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	11719 . 80																				
15	Overpayment. If line 13 is more than line 12, enter the difference		.																				

Check one: ☐ Apply to next return. ☐ Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form **941** (Rev. 1-2020)

Next ▶

DOJ-01-0000004451



950217

Name (not your trade name)

Employer identification number (EIN)

ESI LLC

5849

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter   Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages  .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☒ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/22/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**

Check if you are self-employed . . . . . ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

**941 for 2020: Employer's QUARTERLY Federal Tax Return**  
 Form (Rev. January 2020) Department of the Treasury - Internal Revenue Service

950117  
OMB No. 1545-0029

Employer identification number (EIN) [REDACTED] - [REDACTED] 5 8 4 9

Name (not your trade name) ESI LLC

Trade name (if any)

Address 4700 36th Ave SW  
 Number Street Suite or room number  
Seattle WA 98126  
 City State ZIP code  
    
 Foreign country name Foreign province/country Foreign postal code

**Report for this Quarter of 2020 (Check one.)**  
☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December  
 Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 5

2 Wages, tips, and other compensation 80000.00

3 Federal income tax withheld from wages, tips, and other compensation 0.00

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	80000.00	$\times 0.124 =$	9920.00
5b Taxable social security tips	.	$\times 0.124 =$	.
5c Taxable Medicare wages & tips	80000.00	$\times 0.029 =$	2320.00
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times 0.009 =$	.
5e Add Column 2 from lines 5a, 5b, 5c, and 5d	4640.00		
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	.		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	4640.00		
7 Current quarter's adjustment for fractions of cents	.		
8 Current quarter's adjustment for sick pay	.		
9 Current quarter's adjustments for tips and group-term life insurance	.		
10 Total taxes after adjustments. Combine lines 6 through 9	4640.00		
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	.		
12 Total taxes after adjustments and credits. Subtract line 11 from line 10	.		
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	.		
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions	4640.00		
15 Overpayment. If line 13 is more than line 12, enter the difference <span style="border: 1px solid black; padding: 2px;">.</span>			

Check one: ☐ Apply to next return. ☐ Send a refund.

► You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170012

Form 941 (Rev. 1-2020)

Next ➔

DOJ-01-0000004468

950217

Name (not your trade name)

Employer identification number (EIN)

5849

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

4640.00

Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and

enter the final date you paid wages

/ /

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☒ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☒ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here

Print your name here

Eric R Shibley

Print your title here

Eric R Shibley

Date

4/6/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code



33333		a Control number		For Official Use Only OMB No. 1545-0008	
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/>		Kind of Employer (Check one)	
CT-1 <input type="checkbox"/>		Hshd. emp. <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/>		None apply <input checked="" type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable) <input type="checkbox"/>	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation	
6				459600	
e Employer identification number (EIN)		3 Social security wages		2 Federal income tax withheld	
5849		459600		0	
f Employer's name		5 Medicare wages and tips		4 Social security tax withheld	
ES1 LLC		459300		56990.04	
g Employer's address and ZIP code		7 Social security tips		6 Medicare tax withheld	
4700 36th Ave SW Seattle WA 98126-2716		8 Allocated tips		13328.40	
h Other EIN used this year		9		10 Dependent care benefits	
		11 Nonqualified plans		12a Deferred compensation	
		12b			
15 State Employer's state ID number		13 For third-party sick pay use only		14 Income tax withheld by payer of third-party sick pay	
WA 0109					
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
0		0		19 Local income tax	
Employer's contact person		Employer's telephone number		For Official Use Only	
Eric R Shibley		206-938-4291			
Employer's tax number		Employer's email address			
208-280-1412		shibleenyc@yahoo.com			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶ Manager

Date ▶ 04/22/202020

## Form W-3 Transmittal of Wage and Tax Statements 2019

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).  
Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.  
Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

**Separate instructions.** See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2020**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

### When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2020**.

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Direct Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DOJ-01-0000004475





**PROMISSORY NOTE**

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
\$100,000.00	06-11-2020	06-01-2022	0801923947	4A / US		***	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item. Any item above containing "\*\*\*\*\*" has been omitted due to text length limitations.

**Borrower:** ES1 LLC  
4700 36TH AVE SW  
SEATTLE, WA 98126

**Lender:** TCF National Bank  
SBA PPP - 6582  
2508 South Louise Ave  
Sioux Falls, SD 57106

**Principal Amount: \$100,000.00****Interest Rate: 1.000%****Date of Note: May 11, 2020**

**PROMISE TO PAY.** ES1 LLC ("Borrower") promises to pay to TCF National Bank ("Lender"), or order, in lawful money of the United States of America, the principal amount of One Hundred Thousand & 00/100 Dollars (\$100,000.00), together with interest on the unpaid principal balance from May 11, 2020, calculated as described in the "INTEREST CALCULATION METHOD" paragraph using an interest rate of 1.000% per annum, until paid in full. The interest rate may change under the terms and conditions of the "INTEREST AFTER DEFAULT" section.

**PAYMENT.** Borrower will pay this loan in 18 payments of \$5,626.12 each payment. Borrower's first payment is due December 1, 2020, and all subsequent payments are due on the same day of each month after that. Borrower's final payment will be due on May 1, 2022, and will be for all principal and all accrued interest not yet paid. Payments include principal and interest. Unless otherwise agreed or required by applicable law, payments will be applied to . Borrower will pay Lender at Lender's address shown above or at such other place as Lender may designate in writing.

**INTEREST CALCULATION METHOD.** Interest on this Note is computed on a 365/365 simple interest basis; that is, by applying the ratio of the interest rate over the number of days in a year (366 during leap years), multiplied by the outstanding principal balance, multiplied by the actual number of days the principal balance is outstanding. All interest payable under this Note is computed using this method.

**LOAN FEES AND INTEREST.**

Notwithstanding anything otherwise set forth in this Note, the interest rate on the loan evidenced by this Note shall at all times be 1.000% per annum, and Borrower shall not be charged (or have any liability for) any fees prohibited under the Paycheck Protection Program authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act, including without limitation any late charge or dishonored item fee. The terms of this Note providing for a late charge, increased interest rate after default and a dishonored item fee are hereby expressly and permanently waived.

**PREPAYMENT.** Borrower may pay without penalty all or a portion of the amount owed earlier than it is due. Early payments will not, unless agreed to by Lender in writing, relieve Borrower of Borrower's obligation to continue to make payments under the payment schedule. Rather, early payments will reduce the principal balance due and may result in Borrower's making fewer payments. Borrower agrees not to send Lender payments marked "paid in full", "without recourse", or similar language. If Borrower sends such a payment, Lender may accept it without losing any of Lender's rights under this Note, and Borrower will remain obligated to pay any further amount owed to Lender. All written communications concerning disputed amounts, including any check or other payment instrument that indicates that the payment constitutes "payment in full" of the amount owed or that is tendered with other conditions or limitations or as full satisfaction of a disputed amount must be mailed or delivered to: TCF National Bank, SBA PPP - 6582, 2508 South Louise Ave, Sioux Falls, SD 57106.

**LATE CHARGE.** If a payment is 10 days or more late, Borrower will be charged 5.000% of the regularly scheduled payment.

**INTEREST AFTER DEFAULT.** Upon default, including failure to pay upon final maturity, the interest rate on this Note shall be increased by 2.000 percentage points. If judgment is entered in connection with this Note, interest will continue to accrue after the date of judgment at the rate in effect at the time judgment is entered. However, in no event will the interest rate exceed the maximum interest rate limitations under applicable law.

**DEFAULT.** Each of the following shall constitute an event of default ("Event of Default") under this Note:

**Payment Default.** Borrower fails to make any payment when due under this Note.

**Other Defaults.** Borrower fails to comply with or to perform any other term, obligation, covenant or condition contained in this Note or in any of the related documents or to comply with or to perform any term, obligation, covenant or condition contained in any other agreement between Lender and Borrower.

**False Statements.** Any warranty, representation or statement made or furnished to Lender by Borrower or on Borrower's behalf under this Note or the related documents is false or misleading in any material respect, either now or at the time made or furnished or becomes false or misleading at any time thereafter.

**Death or Insolvency.** The dissolution of Borrower (regardless of whether election to continue is made), any member withdraws from Borrower, or any other termination of Borrower's existence as a going business or the death of any member, the insolvency of Borrower, the appointment of a receiver for any part of Borrower's property, any assignment for the benefit of creditors, any type of creditor workout, or the commencement of any proceeding under any bankruptcy or insolvency laws by or against Borrower.

**Creditor or Forfeiture Proceedings.** Commencement of foreclosure or forfeiture proceedings, whether by judicial proceeding, self-help, repossession or any other method, by any creditor of Borrower or by any governmental agency against any collateral securing the loan. This includes a garnishment of any of Borrower's accounts, including deposit accounts, with Lender. However, this Event of Default shall not apply if there is a good faith dispute by Borrower as to the validity or reasonableness of the claim which is the basis of the creditor or forfeiture proceeding and if Borrower gives Lender written notice of the creditor or forfeiture proceeding and deposits with Lender monies or a surety bond for the creditor or forfeiture proceeding, in an amount determined by Lender, in its sole discretion, as being an adequate reserve or bond for the dispute.

**Events Affecting Guarantor.** Any of the preceding events occurs with respect to any guarantor, endorser, surety, or accommodation party of any of the indebtedness or any guarantor, endorser, surety, or accommodation party dies or becomes incompetent, or revokes or disputes the validity of, or liability under, any guaranty of the indebtedness evidenced by this Note.

**Adverse Change.** A material adverse change occurs in Borrower's financial condition, or Lender believes the prospect of payment or performance of this Note is impaired.

**LENDER'S RIGHTS.** Upon default, Lender may declare the entire unpaid principal balance under this Note and all accrued unpaid interest immediately due, and then Borrower will pay that amount.

**ATTORNEYS' FEES; EXPENSES.** Lender may hire or pay someone else to help collect this Note if Borrower does not pay. Borrower will pay Lender that amount. This includes, subject to any limits under applicable law, Lender's attorneys' fees and Lender's legal expenses, whether or not there is a lawsuit, including attorneys' fees, expenses for bankruptcy proceedings (including efforts to modify or vacate any automatic stay or injunction), and appeals. If not prohibited by applicable law, Borrower also will pay any court costs, in addition to all other sums provided by law.

**GOVERNING LAW.** This Note will be governed by federal law applicable to Lender and, to the extent not preempted by federal law, the laws of the State of Washington without regard to its conflicts of law provisions. This Note has been accepted by Lender in the State of Washington.

**CHOICE OF VENUE.** If there is a lawsuit, Borrower agrees upon Lender's request to submit to the jurisdiction of the courts of Oakland County, State of Michigan.

**RIGHT OF SETOFF.** To the extent permitted by applicable law, Lender reserves a right of setoff in all Borrower's accounts with Lender (whether checking, savings, or some other account). This includes all accounts Borrower holds jointly with someone else and all accounts Borrower may open in the future. However, this does not include any IRA or Keogh accounts, or any trust accounts for which setoff would be prohibited by law. Borrower authorizes Lender, to the extent permitted by applicable law, to charge or setoff all sums owing on the debt against any and all such accounts.

**SBA PROVISION.** When SBA is the holder, this Note will be interpreted and enforced under federal law, including SBA regulations. Lender or SBA may use state or local procedures for filing papers, recording documents, giving notice, foreclosing liens, and other purposes. By using such procedures, SBA does not waive any federal immunity from state or local control, penalty, tax, or liability. As to this Note, Borrower may not claim or assert against SBA any local or state law to deny any obligation, defeat any claim of SBA, or preempt federal law.

**REPRESENTATIONS, AUTHORIZATIONS AND CERTIFICATIONS.** Borrower hereby certifies that: (a) Borrower has read the statements included in the online credit application for the loan evidenced by this Note, including the Statements Required by Law and Executive Orders, and Borrower understands them; (b) Borrower is eligible to receive a loan under the rules in effect at the time of application that had been issued by

This is a copy view of the Authoritative Copy held  
by the designated custodian

**Loan No: 0801923947**

The Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the "Paycheck Protection Program Rule"); (c) Borrower (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Borrower's industry; (d) Borrower will comply, whenever applicable, with the civil rights and other limitations in the application form; (e) all SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule; (f) to the extent feasible, Borrower will purchase only American-made equipment and products; (g) Borrower is not engaged in any activity that is illegal under federal, state or local law; (h) any loan received by Borrower under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses of loans under the Paycheck Protection Program Rule; and (i) current economic uncertainty makes this loan necessary to support the ongoing operations of Borrower, and Borrower is making this certification in good faith, taking into account its current business activity and ability to access other sources of liquidity sufficient to support ongoing operations in a manner that is not significantly detrimental to Borrower's business. For Borrowers who are individuals: Borrower authorizes the SBA to request criminal record information about Borrower from criminal justice agencies for the purpose of determining eligibility for programs authorized by the Small Business Act, as amended.

**ELECTRONIC SIGNATURE.**

**BORROWER:**

By: Eric Shibley  
37305CA42B03464

ERIC SHIBLEY, Authorized Signer of ES1 LLC



**Paycheck Protection Program  
Borrower Application Form**

OMB Control No.: 3245-0407  
Expiration Date: 09/30/2020

<b>Check One:</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename if Applicable</b>	
<b>Business Legal Name</b>			
Eric R Shibley MD PLLC			
<b>Business Address</b>		<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
4700 36th Ave SW		██████████ 9052	2069384291
		<b>Primary Contact</b>	<b>Email Address</b>
		Eric SHibley	shibleymedical@outlook.com

Average Monthly Payroll:	\$ <b>40000</b>	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ <b>100000</b>	Number of Employees:	<b>5</b>
Purpose of the loan (select more than one): <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Lease / Mortgage Interest <input checked="" type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other (explain): <u>employee benefits</u>					

**Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric R Shibley	Manager	100	██████████-526	4700 36th Ave SW Seattle WA

*If questions (1) or (2) below are answered "Yes," the loan will not be approved.*

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If questions (5) or (6) are answered "Yes," the loan will not be approved.*

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ers</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ers</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>





**Paycheck Protection Program  
Borrower Application Form**

**By Signing Below, You Make the Following Representations, Authorizations, and Certifications**

**CERTIFICATIONS AND AUTHORIZATIONS**

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

**CERTIFICATIONS**

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- ers**      The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- ers**      Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- ers**      The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- ers**      The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- ers**      I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- ers**      During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- ers**      I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- ers**      I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

**Eric Ryan Shibley**      Digitally signed by Eric Ryan Shibley  
Date: 2020.04.15 19:08:46 -07'00'

Signature of Authorized Representative of Applicant

**Eric R Shibley**

Print Name

**04/15/2020**

Date

**04/15/2020**

Title



## Paycheck Protection Program Borrower Application Form

### **Purpose of this form:**

This form is to be completed by the authorized representative of the Applicant and **submitted to your SBA Participating Lender**. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. *See*, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



**Paycheck Protection Program  
Borrower Application Form**

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**Freedom of Information Act (5 U.S.C. 552)** – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights (13 C.F.R. 112, 113, 117)** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700)** – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.



Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**  
(Rev. January 2020) Department of the Treasury — Internal Revenue Service

950117  
OMB No. 1545-0029

Employer identification number (EIN) [REDACTED] [REDACTED] 9 0 5 2

Name (not your trade name) Eric R Shibley MD PLLC

Trade name (if any)

Address 4700 36th Ave SW

Number Street Suite or room number

Seattle WA 98126

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2020**  
(Check one.)

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<span style="border: 1px solid black; padding: 2px;">5</span>
2 Wages, tips, and other compensation	2	<span style="border: 1px solid black; padding: 2px;">75800 . 00</span>
3 Federal income tax withheld from wages, tips, and other compensation	3	<span style="border: 1px solid black; padding: 2px;">0 .</span>
4 If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a Taxable social security wages	<span style="border: 1px solid black; padding: 2px;">75800 .</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">9399 . 20</span>
5b Taxable social security tips	<span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">.</span>
5c Taxable Medicare wages & tips	<span style="border: 1px solid black; padding: 2px;">75800 .</span>	$\times 0.029 =$	<span style="border: 1px solid black; padding: 2px;">2198 . 20</span>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.009 =$	<span style="border: 1px solid black; padding: 2px;">.</span>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d	5e <span style="border: 1px solid black; padding: 2px;">11597 . 40</span>		
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f <span style="border: 1px solid black; padding: 2px;">.</span>		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	6 <span style="border: 1px solid black; padding: 2px;">11597 . 40</span>		
7 Current quarter's adjustment for fractions of cents	7 <span style="border: 1px solid black; padding: 2px;">.</span>		
8 Current quarter's adjustment for sick pay	8 <span style="border: 1px solid black; padding: 2px;">.</span>		
9 Current quarter's adjustments for tips and group-term life insurance	9 <span style="border: 1px solid black; padding: 2px;">.</span>		
10 Total taxes after adjustments. Combine lines 6 through 9	10 <span style="border: 1px solid black; padding: 2px;">11597 . 40</span>		
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11 <span style="border: 1px solid black; padding: 2px;">.</span>		
12 Total taxes after adjustments and credits. Subtract line 11 from line 10	12 <span style="border: 1px solid black; padding: 2px;">11597 . 40</span>		
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13 <span style="border: 1px solid black; padding: 2px;">.</span>		
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions	14 <span style="border: 1px solid black; padding: 2px;">11597 . 40</span>		
15 Overpayment. If line 13 is more than line 12, enter the difference	15 <span style="border: 1px solid black; padding: 2px;">.</span>		

Check one: ☐ Apply to next return. ☐ Send a refund.

► You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170012

Form **941** (Rev. 1-2020)

Next ➔

DOJ-01-0000004387

950217

Name (not your trade name)

Eric R Shibley MD PLLC

Employer identification number (EIN)

99052

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter  Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☒ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/22/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

33333		a Control number		For Official Use Only OMB No. 1545-0008	
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 CT-1 <input type="checkbox"/> 942 Military <input type="checkbox"/> 943 Hshid. emp. <input type="checkbox"/> 944 Medicare govt. emp.		Kind of Employer (Check one) <input checked="" type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable)	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation	
6				451152	
e Employer identification number (EIN)		3 Social security wages		2 Federal income tax withheld	
9052		451152		0	
f Employer's name		5 Medicare wages and tips		4 Social security tax withheld	
Eric R Shibley MD PLLC		451152		55942.8	
		7 Social security tips		6 Medicare tax withheld	
				13083.4	
g Employer's address and ZIP code		9		8 Allocated tips	
4700 36th Ave SW Seattle WA 98126-2716		10 Dependent care benefits			
h Other EIN used this year		11 Nonqualified plans		12a Deferred compensation	
		12b			
15 State Employer's state ID number		13 For third-party sick pay use only		14 income tax withheld by payer of third-party sick pay	
WA 0109					
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
0		0		19 Local income tax	
Employer's contact person		Employer's telephone number		For Official Use Only	
Eric R Shibley		206-938-4291			
Employer's fax number		Employer's email address			
206-260-1412		shibleenyc@yahoo.com			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature

Title Manager

Date 04/24/2020

## Form W-3 Transmittal of Wage and Tax Statements 2019

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).  
Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.  
Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

**Separate instructions.** See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2020**. For more information, go to [www.SSA.gov/bso](http://www.SSA.gov/bso). First time filers, select "Register"; returning filers select "Log In."

### When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2020**.

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

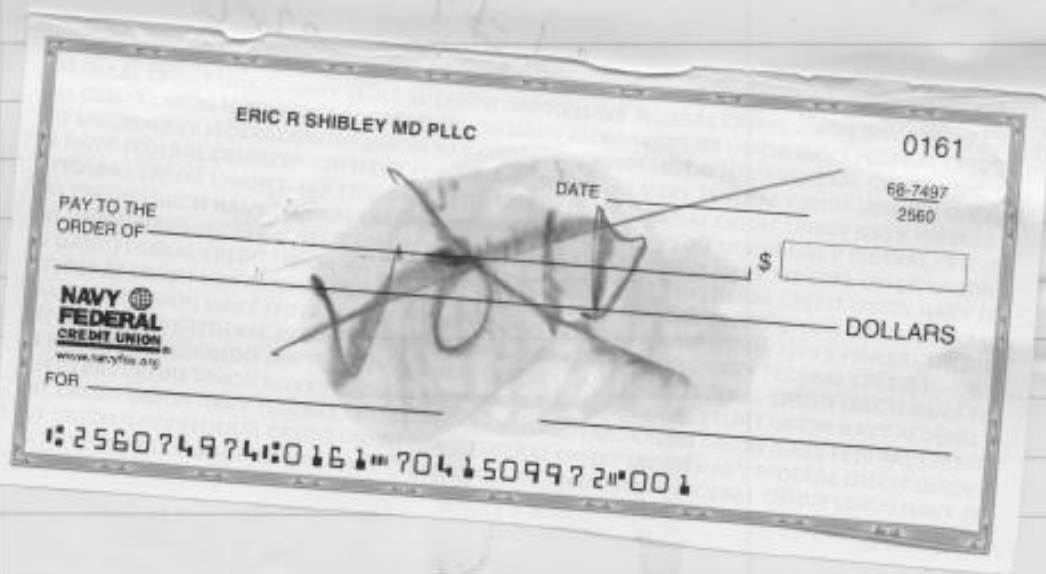
**Social Security Administration  
Direct Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DOJ-01-0000004419







WA  
USA **WASHINGTON**

**DRIVER LICENSE**  
**FEDERAL LIMITS APPLY**

20 R1206193H1225



4d LIC# [REDACTED]

9 CLASS

1 **SHIBLEY**  
2 **ERIC RYAN**

3 DOB [REDACTED]/1978  
8 4700 36TH AVE SW  
SEATTLE WA 98126-2716

4a ISS **12/06/2019**

15 SEX **M**  
16 HGT **6'-00"**  
12 RESTRICTIONS  
**B**

18 EYES **BRO**  
17 WGT **190 lb**  
9a END **NONE**  
4b EXP **12/10/2025**



A handwritten signature in black ink, appearing to read 'Eric Shibley'.

5 DD WDL67B54F1SBR1206193H1225

REV 11/12/2019



DOJ-01-0000004411

**PROMISSORY NOTE**

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
<b>\$100,000.00</b>	<b>05-07-2020</b>	<b>05-01-2022</b>	<b>0801913245</b>	<b>4A / US</b>		<b>***</b>	
References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item. Any item above containing "*****" has been omitted due to text length limitations.							

**Borrower:** ERIC R SHIBLEY MD PLLC  
4700 36TH AVE SW  
SEATTLE, WA 98126

**Lender:** TCF National Bank  
SBA PPP - 6582  
2508 South Louise Ave  
Sioux Falls, SD 57106

**Principal Amount: \$100,000.00**

**Interest Rate: 1.000%**

**Date of Note: May 7, 2020**

**PROMISE TO PAY.** ERIC R SHIBLEY MD PLLC ("Borrower") promises to pay to TCF National Bank ("Lender"), or order, in lawful money of the United States of America, the principal amount of One Hundred Thousand & 00/100 Dollars (\$100,000.00), together with interest on the unpaid principal balance from May 7, 2020, calculated as described in the "INTEREST CALCULATION METHOD" paragraph using an interest rate of 1.000% per annum, until paid in full. The interest rate may change under the terms and conditions of the "INTEREST AFTER DEFAULT" section.

**PAYMENT.** Borrower will pay this loan in 18 payments of \$5,626.73 each payment. Borrower's first payment is due December 1, 2020, and all subsequent payments are due on the same day of each month after that. Borrower's final payment will be due on May 1, 2022, and will be for all principal and all accrued interest not yet paid. Payments include principal and interest. Unless otherwise agreed or required by applicable law, payments will be applied to . Borrower will pay Lender at Lender's address shown above or at such other place as Lender may designate in writing.

**INTEREST CALCULATION METHOD.** Interest on this Note is computed on a 365/365 simple interest basis; that is, by applying the ratio of the interest rate over the number of days in a year (366 during leap years), multiplied by the outstanding principal balance, multiplied by the actual number of days the principal balance is outstanding. All interest payable under this Note is computed using this method.

**LOAN FEES AND INTEREST.**

Notwithstanding anything otherwise set forth in this Note, the interest rate on the loan evidenced by this Note shall at all times be 1.000% per annum, and Borrower shall not be charged (or have any liability for) any fees prohibited under the Paycheck Protection Program authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act, including without limitation any late charge or dishonored item fee. The terms of this Note providing for a late charge, increased interest rate after default and a dishonored item fee are hereby expressly and permanently waived.

**PREPAYMENT.** Borrower may pay without penalty all or a portion of the amount owed earlier than it is due. Early payments will not, unless agreed to by Lender in writing, relieve Borrower of Borrower's obligation to continue to make payments under the payment schedule. Rather, early payments will reduce the principal balance due and may result in Borrower's making fewer payments. Borrower agrees not to send Lender payments marked "paid in full", "without recourse", or similar language. If Borrower sends such a payment, Lender may accept it without losing any of Lender's rights under this Note, and Borrower will remain obligated to pay any further amount owed to Lender. **All written communications concerning disputed amounts, including any check or other payment instrument that indicates that the payment constitutes "payment in full" of the amount owed or that is tendered with other conditions or limitations or as full satisfaction of a disputed amount must be mailed or delivered to: TCF National Bank, SBA PPP - 6582, 2508 South Louise Ave, Sioux Falls, SD 57106.**

**LATE CHARGE.** If a payment is 10 days or more late, Borrower will be charged **5.000% of the regularly scheduled payment.**

**INTEREST AFTER DEFAULT.** Upon default, including failure to pay upon final maturity, the interest rate on this Note shall be increased by 2.000 percentage points. If judgment is entered in connection with this Note, interest will continue to accrue after the date of judgment at the rate in effect at the time judgment is entered. However, in no event will the interest rate exceed the maximum interest rate limitations under applicable law.

**DEFAULT.** Each of the following shall constitute an event of default ("Event of Default") under this Note:

**Payment Default.** Borrower fails to make any payment when due under this Note.

**Other Defaults.** Borrower fails to comply with or to perform any other term, obligation, covenant or condition contained in this Note or in any of the related documents or to comply with or to perform any term, obligation, covenant or condition contained in any other agreement between Lender and Borrower.

**False Statements.** Any warranty, representation or statement made or furnished to Lender by Borrower or on Borrower's behalf under this Note or the related documents is false or misleading in any material respect, either now or at the time made or furnished or becomes false or misleading at any time thereafter.

**Death or Insolvency.** The dissolution of Borrower (regardless of whether election to continue is made), any member withdraws from Borrower, or any other termination of Borrower's existence as a going business or the death of any member, the insolvency of Borrower, the appointment of a receiver for any part of Borrower's property, any assignment for the benefit of creditors, any type of creditor workout, or the commencement of any proceeding under any bankruptcy or insolvency laws by or against Borrower.

**Creditor or Forfeiture Proceedings.** Commencement of foreclosure or forfeiture proceedings, whether by judicial proceeding, self-help, repossession or any other method, by any creditor of Borrower or by any governmental agency against any collateral securing the loan. This includes a garnishment of any of Borrower's accounts, including deposit accounts, with Lender. However, this Event of Default shall not apply if there is a good faith dispute by Borrower as to the validity or reasonableness of the claim which is the basis of the creditor or forfeiture proceeding and if Borrower gives Lender written notice of the creditor or forfeiture proceeding and deposits with Lender monies or a surety bond for the creditor or forfeiture proceeding, in an amount determined by Lender, in its sole discretion, as being an adequate reserve or bond for the dispute.

**Events Affecting Guarantor.** Any of the preceding events occurs with respect to any guarantor, endorser, surety, or accommodation party of any of the indebtedness or any guarantor, endorser, surety, or accommodation party dies or becomes incompetent, or revokes or disputes the validity of, or liability under, any guaranty of the indebtedness evidenced by this Note.

**Adverse Change.** A material adverse change occurs in Borrower's financial condition, or Lender believes the prospect of payment or performance of this Note is impaired.

**LENDER'S RIGHTS.** Upon default, Lender may declare the entire unpaid principal balance under this Note and all accrued unpaid interest immediately due, and then Borrower will pay that amount.

**ATTORNEYS' FEES; EXPENSES.** Lender may hire or pay someone else to help collect this Note if Borrower does not pay. Borrower will pay

DOJ-02-0000008851



DocuSign Envelope ID: F66335B3-1E57-4A61-AC20-E4610A4807CB

THIS IS A COPY

This is a copy view of the Authoritative Copy held by the designated custodian

**PROMISSORY NOTE  
(Continued)****Loan No: 0801913245****Page 2**

Borrower understands them; (b) Borrower is eligible to receive a loan under the rules in effect at the time of application that had been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the "Paycheck Protection Program Rule"); (c) Borrower (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Borrower's industry; (d) Borrower will comply, whenever applicable, with the civil rights and other limitations in the application form; (e) all SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule; (f) to the extent feasible, Borrower will purchase only American-made equipment and products; (g) Borrower is not engaged in any activity that is illegal under federal, state or local law; (h) any loan received by Borrower under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses of loans under the Paycheck Protection Program Rule; and (i) current economic uncertainty makes this loan necessary to support the ongoing operations of Borrower, and Borrower is making this certification in good faith, taking into account its current business activity and ability to access other sources of liquidity sufficient to support ongoing operations in a manner that is not significantly detrimental to Borrower's business. For Borrowers who are individuals: Borrower authorizes the SBA to request criminal record information about Borrower from criminal justice agencies for the purpose of determining eligibility for programs authorized by the Small Business Act, as amended.

**SUCCESSOR INTERESTS.** The terms of this Note shall be binding upon Borrower, and upon Borrower's heirs, personal representatives, successors and assigns, and shall inure to the benefit of Lender and its successors and assigns.

**ELECTRONIC SIGNATURE.**

This Note may be signed and delivered electronically using an electronic signature platform or other electronic means approved by Lender, and such electronically signed version shall be valid and enforceable as an original and admissible as such in any court or other proceeding; provided that if there shall simultaneously exist both a "paper out" printed version and an electronic version of this Note, then the "paper out" printed version of this Note bearing the legend "Original" applied and signed on behalf of Lender shall constitute the sole original and authoritative version.

**GENERAL PROVISIONS.** If any part of this Note cannot be enforced, this fact will not affect the rest of the Note. Lender may delay or forgo enforcing any of its rights or remedies under this Note without losing them. Borrower and any other person who signs, guarantees or endorses this Note, to the extent allowed by law, waive presentment, demand for payment, and notice of dishonor. Upon any change in the terms of this Note, and unless otherwise expressly stated in writing, no party who signs this Note, whether as maker, guarantor, accommodation maker or endorser, shall be released from liability. All such parties agree that Lender may renew or extend (repeatedly and for any length of time) this loan or release any party or guarantor or collateral; or impair, fail to realize upon or perfect Lender's security interest in the collateral; and take any other action deemed necessary by Lender without the consent of or notice to anyone. All such parties also agree that Lender may modify this loan without the consent of or notice to anyone other than the party with whom the modification is made. The obligations under this Note are joint and several.

**PRIOR TO SIGNING THIS NOTE, BORROWER READ AND UNDERSTOOD ALL THE PROVISIONS OF THIS NOTE. BORROWER AGREES TO THE TERMS OF THE NOTE.**

**BORROWER ACKNOWLEDGES RECEIPT OF A COMPLETED COPY OF THIS PROMISSORY NOTE.**

**BORROWER:**

**ERIC R SHIBLEY MD PLLC**

DocuSigned by:

By:

*Eric Shibley*  
ERIC SHIBLEY Authorized Signer of ERIC R  
SHIBLEY MD PLLC

DOJ-02-0000008852

DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461



### Paycheck Protection Program Borrower Application Form

OMB Control No.: 3245-0407  
Expiration Date: 09/30/2020

<b>Check One:</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename if Applicable</b>	
<b>Business Legal Name</b>			
SFC LLC			
<b>Business Address</b>		<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
4700 36th Ave SW Seattle WA 98126		8358	2069384291
4700 36th Ave SW Seattle WA 98126		<b>Primary Contact</b>	<b>Email Address</b>
		Eric Shibley	shibley98271@gmail.com

Average Monthly Payroll:	\$ 37600	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ 94000	Number of Employees:	6
Purpose of the loan (select more than one): <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): _____					

Are you an Umpqua Bank Customer? Deposit, Lending, Investment Yes ☒ No

#### Applicant Ownership

List 100% of equity ownership of the applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Eric Shibley	Manager	100	5264	4700 36th Ave SW Seattle WA 98126

*If questions (1) or (2) below are answered "Yes," the loan will not be approved.*

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If questions (5) or (6) are answered "Yes," the loan will not be approved.*

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ES</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ES</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461



## Paycheck Protection Program Borrower Application Form

### By Signing Below, You Make the Following Representations, Authorizations, and Certifications

#### CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

#### CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- ☒ **ES** The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- ☒ **ES** Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- ☒ **ES** The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- ☒ **ES** The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- ☒ **ES** I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- ☒ **ES** During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- ☒ **ES** I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- ☒ **ES** I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

DocuSigned by:  
  
 Signature of Authorized Representative of Applicant  
 Eric Shibley  
 Print Name

5/21/2020  
 Date  
 Manager  
 Title

DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461



## Paycheck Protection Program Borrower Application Form

### **Purpose of this form:**

This form is to be completed by the authorized representative of the Applicant and ***submitted to your SBA Participating Lender***. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. *See*, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461



### Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**Freedom of Information Act (5 U.S.C. 552)** – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights (13 C.F.R. 112, 113, 117)** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700)** – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461

**Required Supporting Documentation\***

One of the following:

Form 941 for 2019: Employer's QUARTERLY Federal Tax Return, for all four quarters of 2019,

or

Form 944 for 2019: Employer's ANNUAL Federal Tax Return,

or

For Sole Proprietors or Independent Contractors, one or more of the following:

- 2019 Complete 1040 Tax Returns, if filed (2018 Complete 1040 Tax Returns if 2019 not yet filed)
- Income & Expense Statement
- Form 1099-MISC

Payroll:

Summary of Borrower's payroll registry on or around February 15th, 2020

**Qualified PPP Payroll Expenses****Aggregate Annual Payroll Costs in 2019**

- Salary, wages, commissions, tips
  - Benefits (i.e., payment for vacation, parental, family, medical or sick leave
  - Allowance for separation or dismissal
  - Payment for the provision of employee benefits consisting for group health care coverage, including insurance premiums, and retirement
  - Payment of state and local taxes assessed on compensation of employees
- If the applicant is an independent contractor or sole proprietor:
- Input wages, commissions, income or net earnings from self-employment or similar compensation

(a) 451200

(b) 0

(c) 0

(d) 0

(e) 0

(f) 0

Total Qualified Annual Payroll Expense (a+b+c+d+e) or (f):

(g) 451200

Less:

**Compensation paid to employees in excess of \$100,000**

# of Employees with annual compensation exceeding \$100,000 in 2019

(h) 0

Combined total annual compensation for the employees noted above

(i) 0

Number of Employees times \$100,000 (h X \$100,000)

(j) 0

Difference (i-j):

(k) 0

**Total annual compensation of employees whose principal place of residence is outside of the United States**

(l) 0

Total Annual Exclusions (k+l):

(m) 0

Annual Allowable Payroll Costs (g-m):

(n) 451200

Divide by 12 (n/12):

/ 12

**Average Monthly Payroll (should match page 1 of application)**

(o) 37600

Note: Summary documentation in support of the above items should be uploaded in support of borrower's identified qualified expenses.

**Additional Questions**

Please reenter email address from page 1 of the Application

shibley98271@gmail.com

Name of your Banker

Eric Shibley

Geography of your Banker (check one)

Southern CA (San Diego; Orange County; LA)

Central &amp; Northern CA

Oregon (all except Greater Portland)

Greater Portland (including Vancouver)

Western &amp; Central WA

Eastern WA &amp; Idaho

Nevada

If you have Deposits with Umpqua Bank, insert Account #

If you have a Business Loan with Umpqua Bank, insert Business Loan #

If you are an Umpqua Bank investment client, insert Account #

\*Each lender's underwriting obligation under the PPP is limited to the items above and reviewing the "Paycheck Protection Application Form." Borrowers must submit such documentation as is necessary to establish eligibility such as payroll processor records, payroll tax filings, or Form 1099-MISC, or income and expenses from a sole proprietorship. For borrowers that do not have any such documentation, the borrower must provide other supporting documentation, such as bank records, sufficient to demonstrate the qualifying payroll amount.

DOJ-02-0000009196



DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461

**Attachments****Application**

List 100% of equity ownership of the applicant, if applicable

**Addendum A** (Question #3 from Page 1 of the Application, if applicable)**Addendum B** (Question #4 from Page 1 of the Application, if applicable)**Required Supporting Documentation**

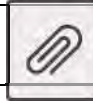
(choose one of the following)

Form 941 for 2019: Employer's QUARTERLY Federal Tax Return, for all four quarters of 2019

or

Form 944 for 2019: Employer's ANNUAL Federal Tax Return,

x



or

For Sole Proprietors or Independent Contractors, one or more of the following:

- 2019 Complete 1040 Tax Returns, if filed (2018 Complete 1040 Tax Returns if 2019 not yet filed)
- Income & Expense Statement
- Form 1099-MISC

Summary of the Borrower's **payroll registry** on or around February 15<sup>th</sup>, 2020 (**REQUIRED**)**Summary Documentation in support of other payroll costs, including, but not limited to (if applicable):**

Benefits (i.e., payment for vacation, parental, family, medical or sick leave)

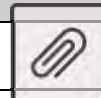
Allowance for separation or dismissal

Payment for the provision of employee benefits consisting for group health care coverage, including insurance premiums, and retirement

Payment of state and local taxes assessed on compensation of employees

**Additional Documentation as Needed**

Other



Other

DOJ-02-0000009197

DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461

950117  
OMB No. 1545-0029

## 941 for 2020: Employer's QUARTERLY Federal Tax Return

Form (Rev. January 2020) Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) <span style="background-color: black; color: black;">[REDACTED]</span> - <span style="background-color: black; color: black;">[REDACTED]</span> <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">8</span> <span style="border: 1px solid black; padding: 2px;">0</span>	
Name (not your trade name) <span style="border: 1px solid black; padding: 2px;">SFC LLC</span>	
Trade name (if any) <span style="border: 1px solid black; padding: 2px;"></span>	
Address <span style="border: 1px solid black; padding: 2px;">4700 36th Ave SW</span>	
Number <span style="border: 1px solid black; padding: 2px;"></span>	Street <span style="border: 1px solid black; padding: 2px;"></span>
City <span style="border: 1px solid black; padding: 2px;">Seattle</span>	State <span style="border: 1px solid black; padding: 2px;">WA</span>
Foreign country name <span style="border: 1px solid black; padding: 2px;"></span>	Foreign province/country <span style="border: 1px solid black; padding: 2px;"></span>
ZIP code <span style="border: 1px solid black; padding: 2px;">98126</span>	Foreign postal code <span style="border: 1px solid black; padding: 2px;"></span>

**Report for this Quarter of 2020**  
(Check one.)

☒ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<span style="border: 1px solid black; padding: 2px;">6</span>
2 Wages, tips, and other compensation	2	<span style="border: 1px solid black; padding: 2px;">75200 . 00</span>
3 Federal income tax withheld from wages, tips, and other compensation	3	<span style="border: 1px solid black; padding: 2px;">0 . 00</span>
4 If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2	
5a Taxable social security wages	<span style="border: 1px solid black; padding: 2px;">75200 . 00</span>	× 0.124 =	<span style="border: 1px solid black; padding: 2px;">9324 . 80</span>	
5b Taxable social security tips	<span style="border: 1px solid black; padding: 2px;">.</span>	× 0.124 =	<span style="border: 1px solid black; padding: 2px;">.</span>	
5c Taxable Medicare wages & tips	<span style="border: 1px solid black; padding: 2px;">75200 . 00</span>	× 0.029 =	<span style="border: 1px solid black; padding: 2px;">2180 . 80</span>	
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<span style="border: 1px solid black; padding: 2px;">.</span>	× 0.009 =	<span style="border: 1px solid black; padding: 2px;">.</span>	
5e Add Column 2 from lines 5a, 5b, 5c, and 5d				<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)				<span style="border: 1px solid black; padding: 2px;">.</span>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f				<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>
7 Current quarter's adjustment for fractions of cents				<span style="border: 1px solid black; padding: 2px;">.</span>
8 Current quarter's adjustment for sick pay				<span style="border: 1px solid black; padding: 2px;">.</span>
9 Current quarter's adjustments for tips and group-term life insurance				<span style="border: 1px solid black; padding: 2px;">.</span>
10 Total taxes after adjustments. Combine lines 6 through 9				<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974				<span style="border: 1px solid black; padding: 2px;">.</span>
12 Total taxes after adjustments and credits. Subtract line 11 from line 10				<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter				<span style="border: 1px solid black; padding: 2px;">.</span>
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions				<span style="border: 1px solid black; padding: 2px;">11505 . 60</span>
15 Overpayment. If line 13 is more than line 12, enter the difference	<span style="border: 1px solid black; padding: 2px;">.</span>			Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170012

Form **941** (Rev. 1-2020)

Next ➡

DOJ-02-0000009218

DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461

950217

Name (not your trade name)

SFS LLC

Employer identification number (EIN)

3580

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1	<input type="text" value="5752.80"/>	
Month 2	<input type="text" value="5752.80"/>	
Month 3	<input type="text" value="0.00"/>	
Total liability for quarter	<input type="text" value="11505.60"/>	Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and

enter the final date you paid wages .

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

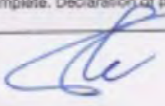
- ☐ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/22/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code



DocuSign Envelope ID: 931F8234-C539-4FF6-BECD-3A7929FEB461

**DO NOT STAPLE**

<b>33333</b>		<b>a Control number</b>		<b>For Official Use Only - OMB No. 1545-0008</b>	
<b>b Kind of Payer (Check one)</b>		<input checked="" type="checkbox"/> 941 Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	<b>c Kind of Employer (Check one)</b>
		<input type="checkbox"/> CT-1	<input type="checkbox"/> Holid. emp.	<input type="checkbox"/> Medicare govt. emp.	<input checked="" type="checkbox"/> None apply
		<input type="checkbox"/> State/local non-501c	<input type="checkbox"/> State/local 501c	<input type="checkbox"/> Federal govt.	<input type="checkbox"/> Third-party sick pay (Check if applicable)
<b>e Total number of Forms W-2</b>		<b>d Establishment number</b>		<b>1 Wages, tips, other compensation</b>	
<b>6</b>				<b>451200</b>	
<b>e Employer identification number (EIN)</b>		<b>3 Social security wages</b>		<b>2 Federal income tax withheld</b>	
<b>3580</b>		<b>451200</b>		<b>0</b>	
<b>f Employer's name</b>		<b>5 Medicare wages and tips</b>		<b>4 Social security tax withheld</b>	
<b>SFC LLC</b>		<b>451200</b>		<b>55948.8</b>	
		<b>6 Medicare tax withheld</b>		<b>7 Social security tips</b>	
		<b>13084.8</b>		<b>8 Allocated tips</b>	
		<b>9</b>		<b>10 Dependent care benefits</b>	
<b>4700 36th Ave SW Seattle WA 98126-2716</b>		<b>11 Nonqualified plans</b>		<b>12a Deferred compensation</b>	
<b>g Employer's address and ZIP code</b>		<b>13 For third-party sick pay use only</b>		<b>12b</b>	
<b>h Other EIN used this year</b>		<b>14 Income tax withheld by payer of third-party sick pay</b>			
<b>15 State</b>		<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>	
<b>WA</b>		<b>0</b>		<b>0</b>	
<b>Employer's state ID number</b>		<b>18 Local wages, tips, etc.</b>		<b>19 Local income tax</b>	
<b>433</b>		<b>0</b>		<b>0</b>	
<b>Employer's contact person</b>		<b>Employer's telephone number</b>		<b>For Official Use Only</b>	
<b>Eric R Shibley</b>		<b>206-938-4291</b>			
<b>Employer's tax number</b>		<b>Employer's email address</b>			
<b>206-260-1412</b>		<b>shibley98271@gmail.com</b>			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature **Eric R Shibley**

Title **Manager**

Date **04/24/2020**

## Form **W-3 Transmittal of Wage and Tax Statements** **2019**

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

**Separate instructions.** See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2020**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

### When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2020**.

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Direct Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10159Y

DOJ-02-0000009217



**Paycheck Protection Program  
Borrower Application Form**OMB Control No.: 3245-0407  
Expiration Date: 09/30/2020

<b>Check One:</b>		<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename if Applicable</b>	
<b>Business Legal Name</b>					
ES1 LLC					
<b>Business Address</b>				<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
4700 36th Ave SW				5849	( ) (206)938-4291
Seattle WA 98126				<b>Primary Contact</b>	<b>Email Address</b>
				ERIC R SHIBLEY	ers98126@gmail.com

Average Monthly Payroll:	\$ 40000	x 2.5 + EIDL, Net of	\$ 100000	Number of Employees:	5
--------------------------	----------	----------------------	-----------	----------------------	---

Purpose of the loan (select more than one):		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Lease / Mortgage Interest <input checked="" type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other (explain): employee benefits			
--	--	--	--	--	--

**Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
ERIC R SHIBLEY	Manager	100	5264	4700 36th Ave SW

*If questions (1) or (2) below are answered "Yes," the loan will not be approved.*

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If questions (5) or (6) are answered "Yes," the loan will not be approved.*

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ERS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ERS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFIDENTIAL**

WF000017



## Paycheck Protection Program Borrower Application Form

### By Signing Below, You Make the Following Representations, Authorizations, and Certifications

#### CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

#### CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- DS**  
**ERS** The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- DS**  
**ERS** Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- DS**  
**ERS** The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- DS**  
**ERS** The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- DS**  
**ERS** I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- DS**  
**ERS** During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- DS**  
**ERS** I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- DS**  
**ERS** I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

**ERIC R SHIBLEY**

04/15/2020 | 5:48:53 PM CDT

Signature of Authorized Representative of Applicant

ERIC R SHIBLEY

Print Name

Date

04/15/2020

Title

**CONFIDENTIAL**

**WF000018**



## Paycheck Protection Program Borrower Application Form

### **Purpose of this form:**

This form is to be completed by the authorized representative of the Applicant and ***submitted to your SBA Participating Lender***. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

**CONFIDENTIAL**

**WF000019**



## Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**Freedom of Information Act (5 U.S.C. 552)** – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights (13 C.F.R. 112, 113, 117)** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700)** – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

CONFIDENTIAL

WF000020



**Addendum A – Affiliate Information**

Please complete this form if you answered YES to question 3, if you replied NO please continue to the next page.

*Question 3: Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.*

**Affiliate 1**

<b>Business Name</b>	
Eric R Shibley MD PLLC	
<b>Business Industry</b>	<b>Tax ID</b>
Healthcare	9052
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
180000	5
<b>NAICS Code</b>	<b>Size Standard (\$)</b>
621111	180000

**Affiliate 2**

<b>Business Name</b>	
The A team Holdings LLC	
<b>Business Industry</b>	<b>Tax ID</b>
Real Estate Development	7088
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
4850000	48
<b>NAICS Code</b>	<b>Size Standard (\$)</b>
236115	4850000

**Affiliate 3**

<b>Business Name</b>	
Seattle's Finest Cannabis	
<b>Business Industry</b>	<b>Tax ID</b>
Packaging	3580
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
120000	5
<b>NAICS Code</b>	<b>Size Standard (\$)</b>
561910	1200005

**Affiliate 4**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 5**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 6**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 7**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 8**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 9**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 10**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Addendum B – EISL Use of Funds**

**Please complete this form if you answered YES to question 4, if you replied NO please continue to the next page.**

*Question 4: Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.*

EIDL Loan#	EIDL Loan Date
EIDL Loan Amount	EIDL Use of Funds



Please add additional owners of 20% or more of the equity of the Applicant.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

COPY VIEW

**Payroll Verification**

**Please upload documentation to support the “Average Monthly Payroll” figure submitted on the PPP application. Documentation may include:**

1. Payroll Tax Form 941 (include last 4 quarters), Payroll Tax Form 944, Tax Form 940, or Payroll Summary Reports from your payroll provider;
2. Form 1099-Misc;
3. Some payroll providers such as ADP; Paychex; Gusto have published specific PPP Reports. Please provide these if available; or
4. Annual Income and Expense statement (for sole proprietorships only) or Business Tax Return (Schedule C or Form 1120S or 1065)

Documents in numbers 1, 2, and 3 above are recommended as they may result in reduced processing times of your loan application.

Please limit file size to 5MB total (and 5 documents maximum).



Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**  
 (Rev. January 2020) Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN) 5 8 4 9

Name (not your trade name) ESI LLC

Trade name (if any)

Address 4700 36th Ave SW

Number Street Suite or room number

Seattle WA 98126

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2020**  
 (Check one.)

- ☒ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December
- Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 5

2 Wages, tips, and other compensation 2 76600 . 00

3 Federal income tax withheld from wages, tips, and other compensation 3 0 .

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages . . .	<span style="border: 1px solid black; padding: 2px;">76600 .</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">9498 . 40</span>
5b Taxable social security tips . . .	<span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.124 =$	<span style="border: 1px solid black; padding: 2px;">.</span>
5c Taxable Medicare wages & tips . . .	<span style="border: 1px solid black; padding: 2px;">76600 .</span>	$\times 0.029 =$	<span style="border: 1px solid black; padding: 2px;">2221 . 40</span>
5d Taxable wages & tips subject to Additional Medicare Tax withholding <span style="border: 1px solid black; padding: 2px;">.</span>	<span style="border: 1px solid black; padding: 2px;">.</span>	$\times 0.009 =$	<span style="border: 1px solid black; padding: 2px;">.</span>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . . . .			
			<span style="border: 1px solid black; padding: 2px;">11719 . 80</span>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . .			
			<span style="border: 1px solid black; padding: 2px;">.</span>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . .			
			<span style="border: 1px solid black; padding: 2px;">11719 . 80</span>
7 Current quarter's adjustment for fractions of cents . . . . .			
			<span style="border: 1px solid black; padding: 2px;">.</span>
8 Current quarter's adjustment for sick pay . . . . .			
			<span style="border: 1px solid black; padding: 2px;">.</span>
9 Current quarter's adjustments for tips and group-term life insurance . . . . .			
			<span style="border: 1px solid black; padding: 2px;">.</span>
10 Total taxes after adjustments. Combine lines 6 through 9 . . . . .			
			<span style="border: 1px solid black; padding: 2px;">11719 . 80</span>
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . .			
			<span style="border: 1px solid black; padding: 2px;">.</span>
12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . . .			
			<span style="border: 1px solid black; padding: 2px;">11719 . 80</span>
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .			
			<span style="border: 1px solid black; padding: 2px;">.</span>
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . . .			
			<span style="border: 1px solid black; padding: 2px;">11719 . 80</span>
15 Overpayment. If line 13 is more than line 12, enter the difference <span style="border: 1px solid black; padding: 2px;">.</span>			

Check one: ☐ Apply to next return ☐ Send a refund

► You MUST complete both pages of Form 941 and SIGN it.

Next ►

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form **941** (Rev. 1-2020)

CONFIDENTIAL

WF000013

950217

Name (not your trade name)

Employer identification number (EIN)

ESI LLC

5849

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

**16 Check one:** ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 5859 . 90

Month 2 5859 . 90

Month 3 0 . 00

Total liability for quarter 11719 . 80 Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

**17** If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages   /  /  .

**18** If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☐ ☐ ☐ ☐ ☐

☒ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here



Print your name here

Eric R Shibley

Print your title here

Manager

Date

4/22/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code



**941 for 2020: Employer's QUARTERLY Federal Tax Return**  
Form (Rev. January 2020) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

Report for this Quarter of 2020 (Check one.)  
☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December  
Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Employer identification number (EIN) [REDACTED] 5 8 4 9

Name (not your trade name) ESI LLC

Trade name (if any)

Address 4700 36th Ave SW  
Number Street Suite or room number  
City State ZIP code  
Foreign country name Foreign province/county Foreign postal code

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1

2 Wages, tips, and other compensation 2 80000.00

3 Federal income tax withheld from wages, tips, and other compensation 3 0.00

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages	80000.00	9920.00
5b Taxable social security tips		
5c Taxable Medicare wages & tips	80000.00	2320.00
5d Taxable wages & tips subject to Additional Medicare Tax withholding		
5e Add Column 2 from lines 5a, 5b, 5c, and 5d		4640.00
5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		4640.00
7 Current quarter's adjustment for fractions of cents		
8 Current quarter's adjustment for sick pay		
9 Current quarter's adjustments for tips and group-term life insurance		
10 Total taxes after adjustments. Combine lines 6 through 9		4640.00
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		
12 Total taxes after adjustments and credits. Subtract line 11 from line 10		
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter		
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions		4640.00
15 Overpayment. If line 13 is more than line 12, enter the difference		

Check one: ☐ Apply to next return. ☐ Send a refund.

**You MUST complete both pages of Form 941 and SIGN it.**

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cal. No. 170012 Form 941 (Rev. 1-2020)

CONFIDENTIAL

WF000031

950217

Name (not your trade name)

Employer identification number (EIN)

5849

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

4640.00

Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☒ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☒ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Print your name here

Eric R Shibley

Print your title here

Eric R Shibley

Date

4/6/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

**Paycheck Protection Program  
Borrower Application Form**OMB Control No.: 3245-0407  
Expiration Date: 09/30/2020

<b>Check One:</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		<b>DBA or Tradename if Applicable</b> Shibley Medical	
<b>Business Legal Name</b>			
Eric R Shibley MD PLLC			
<b>Business Address</b>		<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
4700 36th Ave SW		██████████9052	( ) (206)938-4291
Seattle WA 98126		<b>Primary Contact</b>	<b>Email Address</b>
		ERIC R SHIBLEY	ers98126@gmail.com

Average Monthly Payroll:	\$ 40000	x 2.5 + EIDL, Net of	\$ 100000	Number of Employees:	5
--------------------------	----------	----------------------	-----------	----------------------	---

Purpose of the loan (select more than one):

☒ Payroll ☒ Lease / Mortgage Interest ☒ Utilities ☒ Other (explain): employee benefits

**Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
ERIC R SHIBLEY	Manager	100	██████████-5264	4700 36th Ave SW

*If questions (1) or (2) below are answered "Yes," the loan will not be approved.*

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If questions (5) or (6) are answered "Yes," the loan will not be approved.*

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → <u>ERS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → <u>ERS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CONFIDENTIAL**U.S. v. Shibley  
CR20-174 JCC  
1 Government Exhibit No. 26  
Admitted \_\_\_\_\_

WF000001





## Paycheck Protection Program Borrower Application Form

### By Signing Below, You Make the Following Representations, Authorizations, and Certifications

#### CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

#### CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- DS  
**ERS** The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- DS  
**ERS** Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- DS  
**ERS** The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- DS  
**ERS** The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- DS  
**ERS** I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- DS  
**ERS** During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- DS  
**ERS** I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- DS  
**ERS** I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

**ERIC R SHIBLEY**

04/15/2020 | 5:34:28 PM CDT

Signature of Authorized Representative of Applicant

ERIC R SHIBLEY

Print Name

Date

04/15/2020

Title

**CONFIDENTIAL**

**WF000002**





## Paycheck Protection Program Borrower Application Form

### **Purpose of this form:**

This form is to be completed by the authorized representative of the Applicant and ***submitted to your SBA Participating Lender***. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

### **Instructions for completing this form:**

With respect to “purpose of the loan,” payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating “Average Monthly Payroll,” most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any “advance” under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as “principals”:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

**Paperwork Reduction Act** – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

**Privacy Act (5 U.S.C. 552a)** – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

**Disclosure of Information** – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain “routine uses” of information protected by that Act. One such routine use is the disclosure of information maintained in SBA’s system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies’ function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

**CONFIDENTIAL**

**WF000003**



### Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**Freedom of Information Act (5 U.S.C. 552)** – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

**Civil Rights (13 C.F.R. 112, 113, 117)** – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700)** – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

CONFIDENTIAL

WF000004

**Addendum A – Affiliate Information**

Please complete this form if you answered YES to question 3, if you replied NO please continue to the next page.

*Question 3: Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.*

**Affiliate 1**

<b>Business Name</b>	
The A Team Holdings LLC	
<b>Business Industry</b>	<b>Tax ID</b>
Real Estate Development	7088
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
4850000	48
<b>NAICS Code</b>	<b>Size Standard (\$)</b>
236115	4850000

**Affiliate 2**

<b>Business Name</b>	
ES1 LLC	
<b>Business Industry</b>	<b>Tax ID</b>
Real Estate	5849
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
120000	5
<b>NAICS Code</b>	<b>Size Standard (\$)</b>
531110	120000

**Affiliate 3**

<b>Business Name</b>	
Seattle's Finest Cannabis	
<b>Business Industry</b>	<b>Tax ID</b>
Packaging	3580
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
120000	5
<b>NAICS Code</b>	<b>Size Standard (\$)</b>
561910	120000

**Affiliate 4**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 5**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 6**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 7**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 8**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>



**Affiliate 9**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Affiliate 10**

<b>Business Name</b>	
<b>Business Industry</b>	<b>Tax ID</b>
<b>Sales of the Affiliate Business</b>	<b>Number Employees of the Affiliate Business</b>
<b>NAICS Code</b>	<b>Size Standard (\$)</b>

**Addendum B – EISL Use of Funds**

**Please complete this form if you answered YES to question 4, if you replied NO please continue to the next page.**

*Question 4: Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.*

EIDL Loan#	EIDL Loan Date
EIDL Loan Amount	EIDL Use of Funds

Please add additional owners of 20% or more of the equity of the Applicant.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

COPY VIEW

**Payroll Verification**

**Please upload documentation to support the “Average Monthly Payroll” figure submitted on the PPP application. Documentation may include:**

1. Payroll Tax Form 941 (include last 4 quarters), Payroll Tax Form 944, Tax Form 940, or Payroll Summary Reports from your payroll provider;
2. Form 1099-Misc;
3. Some payroll providers such as ADP; Paychex; Gusto have published specific PPP Reports. Please provide these if available; or
4. Annual Income and Expense statement (for sole proprietorships only) or Business Tax Return (Schedule C or Form 1120S or 1065)

Documents in numbers 1, 2, and 3 above are recommended as they may result in reduced processing times of your loan application.

Please limit file size to 5MB total (and 5 documents maximum).





Form 941 for 2020: Employer's QUARTERLY Federal Tax Return  
(Rev. January 2020) Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) [REDACTED] 9 0 5 2

Name (not your trade name) Eric R Shibley MD PLLC

Trade name (if any)

Address 4700 36th Ave SW  
Number Street Suite or room number  
Seattle WA 98126  
City State ZIP code  
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020 (Check one.)  
☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December  
Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 5

2 Wages, tips, and other compensation 2 80000.00

3 Federal income tax withheld from wages, tips, and other compensation 3 0.00

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	80000.00	$\times 0.124 =$	9920.00
5b Taxable social security tips		$\times 0.124 =$	
5c Taxable Medicare wages & tips	80000.00	$\times 0.029 =$	2320.00
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			4640.00
5f Section 3121(g) Notice and Demand—Tax due on unreported tips (see instructions)			
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			4640.00
7 Current quarter's adjustment for fractions of cents			
8 Current quarter's adjustment for sick pay			
9 Current quarter's adjustments for tips and group-term life insurance			
10 Total taxes after adjustments. Combine lines 6 through 9			4640.00
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			
12 Total taxes after adjustments and credits. Subtract line 11 from line 10			
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter			
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			4640.00
15 Overpayment. If line 13 is more than line 12, enter the difference			

Check one: ☐ Apply to next return ☐ Send a refund.

**You MUST complete both pages of Form 941 and SIGN it.**

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z Form 941 (Rev. 1-2020)

CONFIDENTIAL

WF000015

950217

Name (not your trade name)

Employer identification number (EIN)

99052

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

4640.00

Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☒ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☒ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Print your name here

Eric R Shibley

Print your title here

Eric R Shibley

Date

11/16/2020

Best daytime phone

2069384291

**Paid Preparer Use Only**Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code



# Form 941 for 2020: Employer's QUARTERLY Federal Tax Return

(Rev. January 2020) Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN) [REDACTED] - [REDACTED] 9 0 5 2

Name (not your trade name) Eric R Shibley MD PLLC

Trade name (if any)

Address 4700 36th Ave SW  
Number Street Suite or room number

Seattle WA 98126  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

## Report for this Quarter of 2020 (Check one.)

- ☒ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☐ 4: October, November, December
- Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<span style="border: 1px solid black; padding: 2px;">5</span>
2	Wages, tips, and other compensation	2	<span style="border: 1px solid black; padding: 2px;">75800 . 00</span>
3	Federal income tax withheld from wages, tips, and other compensation	3	<span style="border: 1px solid black; padding: 2px;">0 .</span>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	<span style="border: 1px solid black; padding: 2px;">75800 .</span> × 0.124 =	<span style="border: 1px solid black; padding: 2px;">9399 . 20</span>
5b	Taxable social security tips	<span style="border: 1px solid black; padding: 2px;">.</span> × 0.124 =	<span style="border: 1px solid black; padding: 2px;">.</span>
5c	Taxable Medicare wages & tips	<span style="border: 1px solid black; padding: 2px;">75800 .</span> × 0.029 =	<span style="border: 1px solid black; padding: 2px;">2198 . 20</span>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<span style="border: 1px solid black; padding: 2px;">.</span> × 0.009 =	<span style="border: 1px solid black; padding: 2px;">.</span>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<span style="border: 1px solid black; padding: 2px;">11597 . 40</span>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<span style="border: 1px solid black; padding: 2px;">.</span>
6	Total taxes before adjustments. Add lines 3, 5a, and 5f	6	<span style="border: 1px solid black; padding: 2px;">11597 . 40</span>
7	Current quarter's adjustment for fractions of cents	7	<span style="border: 1px solid black; padding: 2px;">.</span>
8	Current quarter's adjustment for sick pay	8	<span style="border: 1px solid black; padding: 2px;">.</span>
9	Current quarter's adjustments for tips and group-term life insurance	9	<span style="border: 1px solid black; padding: 2px;">.</span>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<span style="border: 1px solid black; padding: 2px;">11597 . 40</span>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<span style="border: 1px solid black; padding: 2px;">.</span>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<span style="border: 1px solid black; padding: 2px;">11597 . 40</span>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	<span style="border: 1px solid black; padding: 2px;">.</span>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<span style="border: 1px solid black; padding: 2px;">11597 . 40</span>
15	Overpayment. If line 13 is more than line 12, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

▶ You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170012

Form 941 (Rev. 1-2020)

Next ➔

CONFIDENTIAL

WF000011

950217

Name (not your trade name)

Employer identification number (EIN)

Eric R Shibley MD PLLC

9052

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 5798 . 70

Month 2 5798 . 70

Month 3 0 . 00

Total liability for quarter 11597 . 40

Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages / /

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☐ ☐ ☐ ☐ ☐

- ☒ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



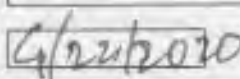
Print your name here

Eric R Shibley

Print your title here

Manager

Date



Best daytime phone

2069384291

**Paid Preparer Use Only**Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code